



Commonwealth of Massachusetts  
Registry of Motor Vehicles  
PO Box 199100  
Boston, MA 02119-9100

Request for Driving Record  
(Fee: \$10)

(Please print clearly)

Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

☐ as an authorized representative of:

\_\_\_\_\_  
Name of Company/Agency

\_\_\_\_\_  
Company/Agency Address

Requests a Driving Record for the following person (All Information MUST Be Supplied)\*:

Driver's Name: \_\_\_\_\_  
(Last) (First) (MI)

Driver's Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Driver's License Number: \_\_\_\_\_

\*If you do not know the Driver's License number and believe you may qualify as a "permitted user" of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C, section 2721 et seq. please indicate this to the RMV Associate.